

October 7, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-02-1162-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD with a specialty in Pain Management. This doctor is board certified in Anesthesiology. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

The claimant was involved in a work-related lifting incident that purportedly resulted in lumbar pain/injury on \_\_\_. A Lumbar Spine MRI 1/7/99 demonstrated a minimal bulge of L4-5 Disc with narrowing of both neural foramen. After conservative therapy the claimant was placed on a return to work light duty status on 1/18/99. There was an apparent regression her condition, with continued evaluation and treatment. Bone scan from 3/2/99 was reported normal. EMG report of 4/28/99 failed to reveal indications of lumbosacral radiculopathy or lower extremity neuropathy. \_\_\_ participated in work hardening program in May 1999 with apparent sub optimal results. She entered a chronic pain management program in mid 2002 and managed only marginal progress. Impairment ratings from 10/30/99 to 5/20/00 indicate positive MMI and WPI (whole person impairment) ratings from 0% to 9%.

## REQUESTED SERVICE

Chronic Pain Management program - 15 days

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

The initial presentation of \_\_\_\_ would seem to indicate a lumbar strain/sprain. MRI findings demonstrate an abnormality. As is commonly known, there is not 100% correlation of such irregularities with symptomatic conditions. (i.e., imaging results and clinical presentation may be unrelated in light of normal EMG findings.) Within the materials reviewed, the reviewer can find lumbar strain/sprain as the most likely compensable injury. That does not typically warrant chronic pain management program participation. If discogenic pathology and radiculitis exists, logical first line treatment involves spine pain generator work-up and treatment, not participation in a chronic pain management program. There was no indication in reviewed materials that suggested diagnostic and therapeutic procedures were accomplished.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief

Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).